

Basic Screening Surveys Video Loan Program

Fax, email or mail this sheet to:

Oral Health Division

SCDHEC

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If you would like to loan the BSS video, please indicate below:

___ Basic Screening Surveys Video

Basic Screening Surveys Color Cards (indicate number needed):

___ Preschool

___ School

___ Adults

Name _____

Title/Agency _____

Address _____

City/State/Zip _____

Phone _____

Fax _____

Email _____